



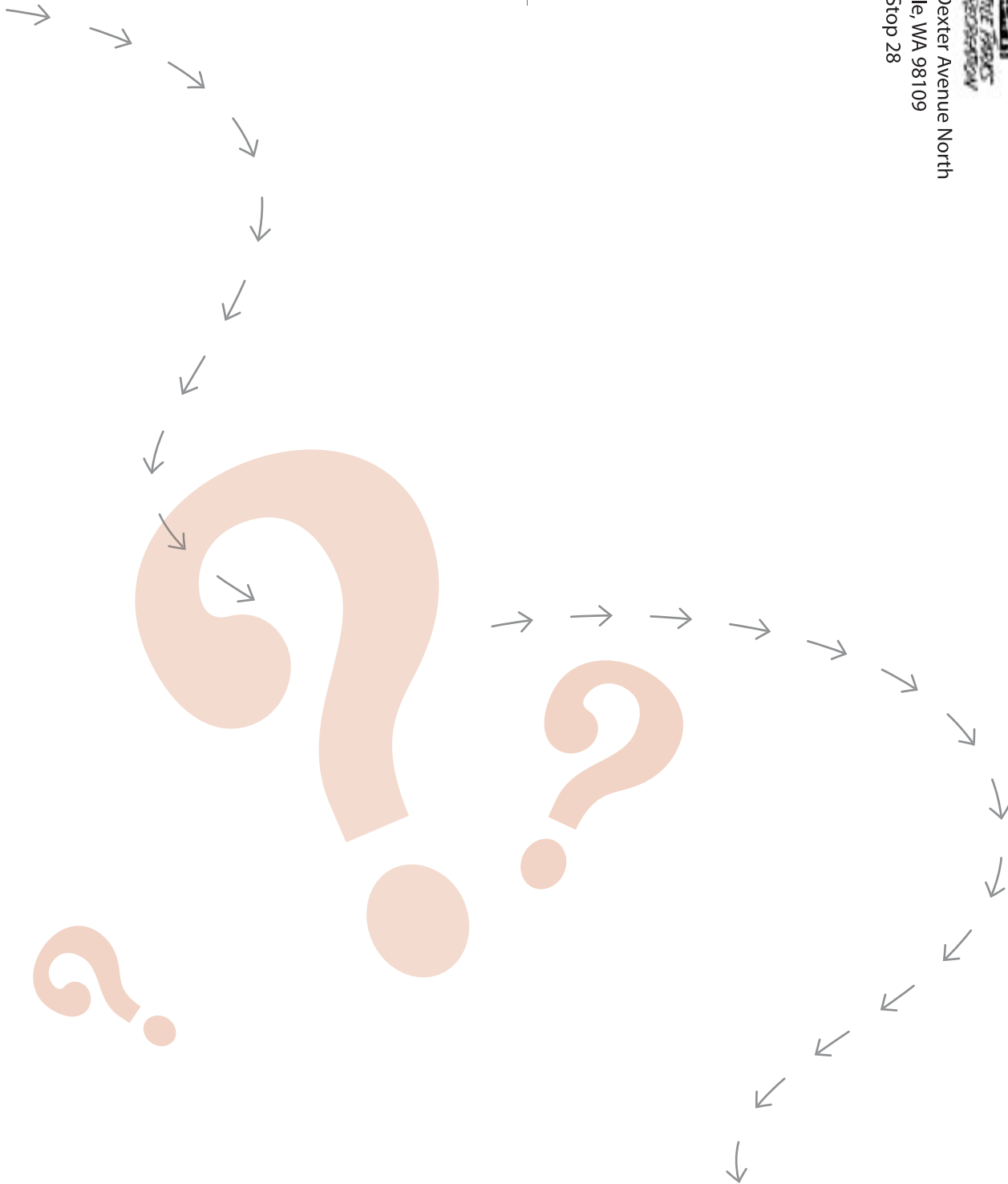
# TEEN TRANSITIONS

2006 TEEN CONFERENCE



saturday, may 20th, 2006  
all day 9am-5pm  
yesler community center  
917 e yesler way, seattle  
for more info. contact  
joy house 206-684-9273

Seattle Parks  
and Recreation  
100 Dexter Avenue North  
Seattle, WA 98109  
Mail Stop 28



# TEEN TRANSITIONS

## 2006 TEEN CONFERENCE

### DISCLAIMER

The workshop, "Let's Talk About Sex," will be covering topics of sexuality education relevant to teens for example: birth control including abstinence, sexually transmitted diseases, and local resources like teen clinics in Seattle and King County. We believe that sexuality education is important: so youth will be able to make and keep friends and communicate their needs and boundaries assertively; so those who have been sexually abused will feel less alone, less to blame, and more inclined to report their abuse; so youth will know how to reduce their risks of STDs (including HIV), unintended pregnancy, birth defects, infertility, and other sexuality-related difficulties; so youth will recognize the symptoms and be inclined to seek health care for these kinds of difficulties; so youth will know where to find accurate information about sexual health as they grow and change throughout their lives.

# WHAT NOW?

## REGISTRATION

8AM-9AM

## OPENING CEREMONIES

KEYNOTE SPEAKER

RICO BEMBRY

## WORKSHOPS

....

RESUME WRITING

....

LET'S TALK ABOUT SEX

....

ECONOMICS OF STAYING IN SCHOOL

....

FOOD HANDLER'S PERMIT

....

LOW STRESS HEALTHY LIVING

....

PAY FOR PASSION

....

TRANSITIONING - HIGH SCHOOL TO COLLEGE

....

TRANSITIONING - MIDDLE SCHOOL TO HIGH SCHOOL

....

HEALTHY SNACKING

....

YOU GO GIRL! SELF-ESTEEM FOR GIRLS

....

MAN UP! SELF-ESTEEM FOR BOYS

....

GAMES PEOPLE PLAY

....

ALTERNATIVE EDUCATION OPPORTUNITIES

....

COURT INVOLVED YOUTH

....

**RESOURCE FAIR  
AND MORE!**

## REGISTRATION FORM DEADLINE

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME/PHONE: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PLEASE SELECT THREE WORKSHOPS YOU WOULD LIKE TO ATTEND AT THE TEEN CONFERENCE. NUMBER YOUR CHOICES FROM 1-3 IN ORDER OF PREFERENCE.

\_\_\_ RESUME WRITING      \_\_\_ LET'S TALK ABOUT SEX

\_\_\_ ECONOMICS OF..      \_\_\_ FOOD HANDLER'S

\_\_\_ LOW STRESS      \_\_\_ PAY FOR PASSION

\_\_\_ TRANS. HS-COLL.      \_\_\_ TRANS. MS-HS

\_\_\_ HEALTHY SNACKING      \_\_\_ ALT. ED. OPPORT.

\_\_\_ YOU GO GIRL!      \_\_\_ MAN UP!

\_\_\_ GAMES PEOPLE..

\_\_\_ COURT INVOLVED

PLEASE SEE REVERSE SIDE FOR PARTICIPANT WAIVER AND RELEASE FORM. ALL PARTICIPANTS MUST HAVE A WAIVER SIGNED BY A PARENT OR GUARDIAN TO PARTICIPATE IN THIS EVENT.



Facility \_\_\_\_\_

Date \_\_\_\_\_

PARTICIPANT INFORMATION AND AUTHORIZATION FORM

This information is considered confidential and is used only to assist staff in meeting the needs of your child. Fill out all sections completely (mark N/A if it does not apply) and sign and initial where indicated. Additional information may be required including but not limited to immunization records, medical treatment and medication administration instructions and authorization, and special field trip permission. If there are any changes in the information on this form please contact staff immediately to update.

PARTICIPANT AND PARENT INFORMATION

Child's Name (First & Last)			Age	Birthdate	Grade
Address		City	ZIP	School	
Parent/Guardian Name (First & Last)		Signature		Relationship	
Day Phone	Cell Phone/Pager	Evening Phone		E-mail	
Address (If Different than Above)			City	ZIP	

EMERGENCY CONTACTS

The Parent/Guardian, above, will be contacted first in case of emergency, after 911. Please list non-registering parent/guardian and others you would like us to contact in the event you can not be reached.

1) Contact Name (First & Last)			Relationship		
Day Phone	Cell Phone/Pager	Evening Phone		E-mail	
Address			City	ZIP	
2) Contact Name (First & Last)			Relationship		
Day Phone	Cell Phone/Pager	Evening Phone		E-mail	
Address			City	ZIP	

PICK-UP AUTHORIZATION AND INFORMATION

Please list all individuals that are authorized to pick-up your child. If an individual is not listed your child will not be released. Voice authorization for pick-up will not be accepted.

1) Name	Relationship	Day Phone	Evening Phone
2) Name	Relationship	Day Phone	Evening Phone
3) Name	Relationship	Day Phone	Evening Phone
4) Name	Relationship	Day Phone	Evening Phone
5) Name	Relationship	Day Phone	Evening Phone

Child Sign In and Sign Out Procedures

The parent or other person listed above authorized by the parent to take the child to and from the center/program site shall sign in the child on arrival and sign out the child at departure using a full, legal signature. When the child leaves the center/program site to attend school or other off-site activities as authorized by the parent, the staff person shall sign out the child and sign in the child upon return to the center/program. (WAC 388-151-460)

# MEDICAL HISTORY AND AUTHORIZATION INFORMATION

Unless there are religious objections, we are unable to allow your child to participate without the following authorizations or alternatively your written statement of those religious objections. A MEDICAL TREATMENT AUTHORIZATION Form, signed by a physician is required for any medication taken or administered while in a Seattle Department of Parks & Recreation and/or Advisory Council program. Forms are available at each facility.

Child's Name (First & Last)		Age	Birthdate	Grade
Physician's Name (First & Last)		Phone		
Address		City		ZIP
Medical Insurance Company	Policy No.		Subscriber	
Preferred Hospital for Treatment			Date of Last Physical Exam	

I hereby authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including emergency transportation or ambulance transportation, the administration of drugs, tests, anesthesia and/or blood transfusions to the above named minor person that may be ordered by a physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital. I understand that the City of Seattle, it's Department of Parks and Recreation, Advisory Councils, the Community Center, and their officers, employees and volunteers assume no financial obligation or liability in case of my child's accident or illness. **I assume full financial responsibility for emergency treatment for my child.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## GENERAL AUTHORIZATIONS AND INFORMATION

Behavior issues of which staff should be aware? \_\_\_\_\_

How do you handle these behaviors? \_\_\_\_\_

My child is allergic to or cannot eat the following foods: \_\_\_\_\_

My child experiences the following:  
*Please check all those that apply (you will be asked to complete an additional form to provide further information about your child so that we can provide the most positive experience possible). No child will be refused service as protected under the Americans with Disabilities Act (ADA).*

- ☐ ADD/ADHD
- ☐ Mental Disability
- ☐ Asthma
- ☐ Behavior Disorder
- ☐ Physical Disability
- ☐ Allergies
- ☐ Learning Disability
- ☐ Hearing Impairment
- ☐ Diabetes
- ☐ Developmental Disability
- ☐ Visual Impairment
- ☐ Other \_\_\_\_\_
- My child has permission to participate in field trips including but not limited to visits to the local library or parks, neighborhood walks, or other field trips as scheduled, by means of walking, bus, or van. YES \_\_\_\_ NO \_\_\_\_ Initial Here \_\_\_\_\_
  - Does your child have your permission to participate in swimming and other water activities at Seattle Parks & Recreation facilities including swimming pools, lifeguarded beaches, boating and wading pools? YES \_\_\_\_ NO \_\_\_\_ Initial Here \_\_\_\_\_  
SWIMMING ABILITY: Non Swimmer \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_
  - My child may have sunscreen applied \_\_\_\_\_ times during the day. *(You must provide lotion)* YES \_\_\_\_ NO \_\_\_\_ Initial Here \_\_\_\_\_
  - My child may be photographed (stills and video) for City of Seattle, it's Department of Parks & Recreation, the Advisory Council, or Community Center publications. YES \_\_\_\_ NO \_\_\_\_ Initial Here \_\_\_\_\_

## RELEASE AND INDEMNITY AGREEMENT

The foregoing information is complete and true to the best of my knowledge. I also confirm the authorizations and consent detailed within this document, including but not limited to medical treatment, field trip and other activity participation, sign-in and sign-out by child, photos of child, and emergency contacts. I understand that should my child act in a manner that is unsafe for him/herself, other participants or staff, he/she may be excluded from the program. Accordingly I have told my child to obey all directions of the staff, to comply with all safety instructions and refrain from unsafe practices. I hereby release, discharge and covenant not to sue the City of Seattle, its Department of Parks and Recreation, its employees, volunteers, officers, agents, Advisory Council and Community Center from all liability to me or my child, or my child's personal representatives, assigns, heirs and next-of-kin for any and all claims, demands, losses or damages on account of any injury or damage to property caused or arising from my child's participation in the program.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_